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Fill in this information to identify your case:			
United States Bankruptcy Court for the:			
Northern District of: Illinois (State)	<u></u>		
Case number (if known)	Chapter you are filing under:		
	✓ Chapter 7		
	Chapter 11		
	Chapter 12		Check if this is an
	Chapter 13		amended filing

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself					
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
Your full name	Ulysses				
	First name	First name			
Write the name that is on your government-issued					
picture identification (for	Middle name	Middle name			
example, your driver's license or passport	Esparza				
licerise of passport	Last name	Last name			
Bring your picture	Cuffix (Or Ir II III)	Cuffix /Cr  r			
identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)			
2 All other names you					
2. All other names you have used in the last	First name	First name			
8 years					
-	Middle name	Middle name			
Include your married or maiden names.					
	Last name	Last name			
	Final	<u></u>			
	First name	First name			
	Middle name	Middle name			
	Wilder Harrie	ivildale fiame			
	Last name	Last name			
3. Only the last 4 digits	XXX - XX- 1386	xxx - xx-			
of your Social Security number or					
federal Individual	OR	OR			
Taxpayer Identification number	9 xx - xx-	9 xx - xx-			
(ITIN)					

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D	ebtor 1 Ulysses First Name	Last Name Last Name	Case number (if known)
	i ii st ivairie	Wildlie Name Last Name	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
	Identification Numbers (EIN) you have used in the last	Business name	Business name
	8 years	Business name	Business name
	Include trade names and doing business as names	EIN	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		2621 W Atlantic Ave Number Street	Number Street
		Waukegan Illinois 60085	
		City State Zip Code  Lake	City State Zip Code
		County	County
		If your mailing address is different from the one	If Debtor 2's mailing address is different from yours,
		above, fill it in here. Note that the court will send any	fill it in here. Note that the court will send any notices to
		notices to you at this mailing address.	this mailing address.
		Number Street	Number Street
		City State Zip Code	City State Zip Code
_		City State Zip Code	State Zip Code
6.	Why you are choosing this district	Check one:	Check one:
	to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Last Name Part 2: Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Code you Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box. are choosing to file Chapter 7 under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for fee more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for ✓ No. bankruptcy within the last 8 years? Yes. District MM / DD / YYYY When District Case number District Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Relationship to you Yes. Debtor spouse who is not When District Case number, if known filing this case with you, or by a business Relationship to you Debtor partner, or by an District Case number, if known affiliate? MM / DD / YYYY 11. Do you rent your No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you? ✓ No. Go to line 12. Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? Ⅵ I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Ulysses Esparza Case number (if known)

First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded ✓ No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **1**-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do vou estimate that you owe? 100-199 10,001-25,000 More than 100,000 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Ulysses Esparza Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 8/7/2018 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Ulysses		Esparza	Case number (if)	known)
First Name	Middle Name	Last Name	<u> </u>	
For your attorney, if you are represented by one	eligibility to proceed und	der Chapter 7, 11, 1	2, or 13 of title 11, United	ave informed the debtor(s) about d States Code, and have explained the lso certify that I have delivered to the
If you are not	debtor(s) the notice requ	ired by 11 U.S.C. §	342(b) and, in a case in v	which § 707(b)(4)(D) applies, certify that I
represented by an	have no knowledge after	r an inquiry that the	information in the sched	ules filed with the petition is incorrect.
attorney, you do not	•	, ,		•
need to file this page.	/s/ James Nowak		Date	8/7/2018
	Signature of Attorney f	or Debtor	M	M / DD / YYYY
	James Nowak			
	Printed name			
	Command Lavy Firms			
	Semrad Law Firm Firm name			
	1444 N. Farnsworth A	wenue		
	Street			
	Suite 300			
	<b>A</b>		102 2-	00505
	Aurora City		Illinois State	60505 Zip Code
	City		State	Zip Code
	Contact phone	3122568701	Email address	jnowak@semradlaw.com
	6324423		Illinois	
	Bar number		State	

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Ulysses		Esparza
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois
			(State)
Case number (If known)			

Check if this is an
amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	Ф0.00
1a. Copy line 55, Total real estate, from Schedule A/B	<u>\$0.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B	\$1,301.00
1c. Copy line 63, Total of all property on Schedule A/B	\$1,301.00
Part 2: Summarize Your Liabilities	
	<b>Your liabilities</b> Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	<b>#0.00</b>
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$53,044.00
Your total liabilities	\$53,044.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	<b>*4.740.05</b>
	\$1,718.95 ————————————————————————————————————
Copy your combined monthly income from line 12 of Schedule I	
Copy your combined monthly income from line 12 of Schedule I	\$1,745.00

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Deb	otor 1 Ulysses		sparza	Case number (if known)			
			ast Name				
Part	4: Answer These Questions for	Administrative and S	tatistical Records				
6. <b>A</b>	are you filing for bankruptcy under Cha	pters 7, 11, or 13?					
	No. You have nothing to report on th	is part of the form. Check	this box and submit this	form to the court with your other sch	redules.		
Ŀ	Yes.						
7. <b>W</b>	What kind of debt do you have?						
Ŀ	Your debts are primarily consume family, or household purpose. 11 U.S						
	Your debts are not primarily consumble this form to the court with your other		hing to report on this par	t of the form. Check this box and sul	bmit		
	From the Statement of Your Current N Form 122A-1 Line 11; OR, Form 122B L			ncome from Official	\$2,435.86		
9.	Copy the following special categorie	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:					
	From Part 4 on Schedule E/F, copy to	ne following:		Total claim			
	9a. Domestic support obligations (Copy	line 6a.)		\$0.00			
	9b. Taxes and certain other debts you o	we the government. (Cop	y line 6b.)	\$0.00			
	9c. Claims for death or personal injury v	hile you were intoxicated.	(Copy line 6c.)	\$0.00			
	9d. Student loans. (Copy line 6f.)			\$27,793.00			
	9e. Obligations arising out of a separation priority claims. (Copy line 6g.)	on agreement or divorce th	at you did not report as	\$0.00			
	9f. Debts to pension or profit-sharing pl	ans, and other similar deb	ts. (Copy line 6h.)	\$0.00			

\$27,793.00

9g. **Total.** Add lines 9a through 9f.

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Debtor 1 Ulysses Esparza First Name Middle Name Last Name  Debtor 2 (Spouse, iffiling) First Name Middle Name Last Name	
Debtor 2	
to the state of th	
United States Bankruptcy Court for the: Northern District of Illinois	
Case number (State) (If known)	
Official Form 106A/B	ın
Schedule A/B: Property	12/
In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In	
<ol> <li>Do you own or have any legal or equitable interest in any residence, building, land, or similar property?</li> <li>No. Go to Part 2</li> </ol>	
Yes. Where is the property?	
What is the property? Check all that apply.  Street address, if available, or other description  What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Duplex or multi-unit building	ule D:
Condominium or cooperative Current value of the entire property? Current value of the portion you own?	пе
Manufactured or mobile home Land	
Number Street  Investment property  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.	
City State Zip Code Other	
Who has an interest in the property? Check (see instructions) one.	
Debtor 1 only	
Debtor 2 only	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	
Other information you wish to add about this item, such as local	
property identification number:	
If you own or have more than one, list here:  What is the property? Check all that apply.  Street address, if available, or other description  What is the property? Check all that apply.  Single-family home  Creditors Who Have Claims or exemptions the amount of any secured claims on Sched.  Creditors Who Have Claims Secured by Prop	ule D:
Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Current value of the entire property?  portion you own?	пе
Number Street Land	
Number Street Investment property Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.	
City State Zip Code Other	
Who has an interest in the property? Check one.	
Debtor 1 only	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	
At least one of the debtors and another	
Other information you wish to add about this item, such as local property identification number:	

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Debtor 1	Ulysses	Esparza	Case number (if known)	
	First Name M	ddle Name Last Name		
1.3	et address, if available, or other des	what is the property? Check Single-family home Duplex or multi-unit buildin Condominium or cooperati Manufactured or mobile ho Land Investment property Timeshare	the amount of any sector of the continuous c	simple, tenancy by e estate), if known.  community property
	the dollar value of the portion you	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Other information you wish t property identification numb	and another o add about this item, such as local er:	
		<b>&gt;</b>		
Do you ow you own th 3. Cars, va	hat someone else drives. If you leas ins, trucks, tractors, sport utility veh	e a vehicle, also report it on Schedule G: E	ey are registered or not? Include any vehicles xecutory Contracts and Unexpired Leases.	
3.1	Make Model: Year:	Who has an interest in the one.	the amount of any sec	I claims or exemptions. Put ured claims on <i>Schedule D:</i> laims Secured by Property.
	Approximate mileage:  Other information:	Debtor 2 only  Debtor 1 and Debtor 2  At least one of the debtor 2  Check if this is comminstructions)	otors and another	Current value of the portion you own?
3.2	Make Model: Year: Approximate mileage: Other information:	Who has an interest in the one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2  At least one of the debtor 2	the amount of any sec Creditors Who Have C Current value of the entire property?	d claims or exemptions. Put ured claims on <i>Schedule D:</i> laims Secured by Property.  Current value of the portion you own?
		Check if this is comminstructions)	nunity property (see	

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	Ulysses First Name	Middle Name	Esparza Last Name	Case numbe	el (II Kriowri)	
3.3	Make Model: Year: Approximate mileage: Other information:		Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions)	nly s and another	the amount of any secu	claims or exemptions. Pured claims on Schedule Laims Secured by Property.  Current value of the portion you own?
3.4	Make Model: Year: Approximate mileage: Other information:	<u></u>	Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on		the amount of any secu	claims or exemptions. Pu ured claims on Schedule L aims Secured by Property. Current value of the portion you own?
			At least one of the debtors  Check if this is commur instructions)			
		•	er recreational vehicles, other , fishing vessels, snowmobiles, r	•		
Exa	mples: Boats, trailers, motors	•		motorcycle accessori  property? Check  hly s and another	Do not deduct secured the amount of any secu	claims or exemptions. Pu ired claims on <i>Schedule L</i> aims Secured by Property. Current value of the portion you own?

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used Furniture \$750.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music x1 television; x1 laptop Yes. Describe... \$200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$350.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No **✓** Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1300.00 for Part 3. Write that number here ......

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: Consumer Credit Union \$0.00 17.2. Checking account: Northstate Bank \$1.00 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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Debt	tor 1 Ulysses		Esparza	Case number (if known)	
	First Name	Middle Name	Last Name		
20.	Negotiable instruments	orate bonds and other negotial include personal checks, cashiers ents are those you cannot transfe	checks, promissory no	tes, and money orders.	
	No Yes. Give specific information about them	Issuer name:			
21.	Retirement or pension Examples: Interests in IF		), thrift savings accounts	s, or other pension or profit-sharing plans	
	✓ No	Town of accounts	la siitutia a assas		
	Yes. List each account	Type of account: 401(k) or similar plan:	Institution name:		
	separately.	Pension plan:			
		IRA:			
		Retirement account:			
		Keogh:			
		Additional account:			
		Additional account:			
22.		prepayments I deposits you have made so that with landlords, prepaid rent, publi			
	Yes	Electric:			
		Gas:			
		Heating oil:			
		Security deposit on rental unit:			
		Prepaid rent:			
		Telephone:			
		Water:			
		Rented furniture:			
		Other:			
23.	_	or a periodic payment of money to	you, either for life or for	r a number of years)	
	✓ No  Yes	Issuer name and description:			

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Debt	or 1 Ulysses	Esparza	Case number (if known)	
24.	First Name  Interests in an education IRA,	Middle Name Last Name in an account in a qualified ABLE program, or unc	der a qualified state tuition program.	
	26 U.S.C. §§ 530(b)(1), 529A(b)			
	✓ No Institution name a	and description. Separately file the records of any interest	ests.11 U.S.C. § 521(c):	
	<del></del>			
25.	Trusts, equitable or future inte	erests in property (other than anything listed in lin	ne 1), and rights or powers	
	✓ No  Yes. Describe			
26.		ks, trade secrets, and other intellectual property es, websites, proceeds from royalties and licensing agr	reements	
	✓ No			
	Yes. Describe			
27.	Licenses, franchises, and other	or general intangibles		
27.		usive licenses, cooperative association holdings, liquo	r licenses, professional licenses	
	✓ No  Yes. Describe			
Mor	ney or property owed to you	?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	ney or property owed to you  Tax refunds owed to you	?		portion you own? Do not deduct secured
	Tax refunds owed to you  ✓ No		Federal:	portion you own? Do not deduct secured claims or exemptions.
	Tax refunds owed to you  ✓ No  — Yes. Give specific information about them, including w	n whether	Federal: State:	portion you own? Do not deduct secured claims or exemptions.
	Tax refunds owed to you  ✓ No  ✓ Yes. Give specific information	n whether ums		portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you  No Yes. Give specific information about them, including you already filed the retuand the tax years	n whether ums	State: Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds owed to you  No Yes. Give specific information about them, including you already filed the retuand the tax years	n whether urns	State:  Local:  e, divorce settlement, property settlemen	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds owed to you  No Yes. Give specific information about them, including you already filed the returned the tax years  Family support  Examples: Past due or lump sum	n whether ums  alimony, spousal support, child support, maintenance	State: Local: e, divorce settlement, property settlement Alimony:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t  \$0.00
28.	Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the retuand the tax years  Family support  Examples: Past due or lump sum  ✓ No	n whether ums  alimony, spousal support, child support, maintenance	State: Local: e, divorce settlement, property settlemen Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  \$0.00  t  \$0.00 \$0.00
28.	Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the retuand the tax years  Family support  Examples: Past due or lump sum  ✓ No	n whether ums  alimony, spousal support, child support, maintenance	State: Local:  e, divorce settlement, property settlement Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00
28.	Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the retuand the tax years  Family support  Examples: Past due or lump sum  ✓ No	n whether ums  alimony, spousal support, child support, maintenance	State: Local:  e, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the retu and the tax years  Family support  Examples: Past due or lump sum  ✓ No  Yes. Give specific information	whether ums alimony, spousal support, child support, maintenance	State: Local:  e, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00
29.	Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the retuand the tax years  Family support Examples: Past due or lump sum  ✓ No  Yes. Give specific information  Other amounts someone owes Examples: Unpaid wages, disabilities	whether ums  alimony, spousal support, child support, maintenance	State: Local:  e, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including wayou already filed the returned and the tax years	whether ums	State: Local:  e, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including wayou already filed the returned and the tax years	whether ums	State: Local:  e, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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Deb1	tor 1 Ulysses		Esparza	Case number (if known)	
	First Name	Middle Nan	ne Last Name		
31.	Interests in insurance Examples: Health, disab		ealth savings account (HSA); credit, h	omeowner's, or renter's insurance	
	Yes. Name the insu of each policy and		Company name:	Beneficiary:	Surrender or refund value
32.		of a living trust, expec	n someone who has died t proceeds from a life insurance polic	y, or are currently entitled to receive	
33.			t you have filed a lawsuit or made surance claims, or rights to sue	a demand for payment	
34.	Other contingent and to set off claims  No Yes. Describe	unliquidated claims (	of every nature, including counterd	claims of the debtor and rights	
35.	Any financial assets your No Yes. Describe	ou did not already list	i		
36.		-	om Part 4, including any entries fo		\$1.00
Part	5: Describe Any B	usiness-Related Pı	operty You Own or Have an I	nterest In. List any real estate in Pa	nrt 1.
37.	No. Go to Part 6. Yes. Go to line 38.	ny legal or equitable i	nterest in any business-related pr	operty?	Current value of the portion you own? Do not deduct secured claims or exemptions
38.	Accounts receivable of	or commissions you a	lready earned		or exemptions
	Yes. Describe				
39.	Office equipment, furr Examples: Business-rela			achines, rugs, telephones, desks, chairs, ele	ectronic devices
	No Yes. Describe				

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Deb <sup>-</sup>	otor 1 Ulysses	Esparza	Case number (if known)	
	First Name Middle Nar	ne Last Name		
40.	Machinery, fixtures, equipment, supplies ye	ou use in business, and tools of you	r trade	
	<b>⋈</b> No			
	<u> </u>			
	Yes. Describe			
41.	Inventory			
	No			
	Yes. Describe			
40				
42.	Interests in partnerships or joint ventures			
	✓ No			
	Yes. Give specific	Name of entity:	% of ownership:	
	information about			
	them			<del>-</del>
			-	
				<del>_</del>
43. (	Customer lists, mailing lists, or other compi	lations		
	No No			
		::: - - - - - - - - - - - - - - - - - -	2.0. \$ 101/41/0	
	Yes. Do your lists include personally ident	mable information (as defined in 11 U.)	5.0. § 101(41A))?	
	□ No			
	<u> </u>			
	Yes. Describe			
44.	Any business-related property you did not	already list		
	<b>✓</b> No			
	Yes. Give specific			<del></del>
	information			
	miomaton			<del></del>
				<del></del> _
				<u> </u>
45. A	Add the dollar value of all of your entries fron	n Part 5, including any entries for p	ages you have attached	
	art 5. Write that number here		= -	
<u> </u>				
Part	t 6: Describe Any Farm- and Commer		You Own or Have an Interest In.	
	If you own or have an interest in farmland, list	it in Part 1.		
46.	Do you own or have any legal or equitable	interest in any farm- or commercia	I fishing-related property?	
				Current value of the
	No. Go to Part 7.			portion you own?
	Yes. Go to line 47.			Do not deduct secured claims
				or exemptions
47.	Farm animals			
	Examples: Livestock, poultry, farm-raised fish			
	■ Na			
	✓ No			
	Yes. Describe			

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Deb	tor 1 Ulysses	Esparza	Case number (if known)	
	First Name Middle Name	Last Name		
48.	Crops-either growing or harvested			
	<b>✓</b> No			
	Yes. Describe			
49.	Farm and fishing equipment, implements, machinery, fixture	res, and tools of trade		
	<b>✓</b> No			
	Yes. Describe			
50.	Farm and fishing supplies, chemicals, and feed			
	<b>✓</b> No			
	Yes. Describe			
l				
51.	Any farm- and commercial fishing-related property you did	not already list		
	✓ No			
	Yes. Describe			
			Г	
	dd the dollar value of all of your entries from Part 6, includii		you have attached	
for Pa	art 6. Write that number here			
			<u>-</u>	
	Describe All Describe Very Comment Have an International		Jaki int Abanca	
Part			NOT LIST ADOVE	
53.	Do you have other property of any kind you did not already Examples: Season tickets, country club membership	list?		
	✓ No			
	Yes. Give specific information			
	inomation			
54. A	dd the dollar value of all of your entries from Part 7. Write tl	hat number here		<u> </u>
D. d	8: List the Totals of Each Part of this Form			
Part	List the Totals of Each Part of this Porm			1
55. <b>I</b>	Part 1: Total real estate, line 2			
	•			
56.	part 2 total vehicles, line 5		_	
57. <b>P</b>	art 3: Total personal and household items, line 15	\$1300.00		
58 🖪	art 4: Total financial assets, line 36		-	
	·	\$1.00	_	
59. <b>I</b>	Part 5: Total business-related property, line 45		_	
60. <b>I</b>	Part 6: Total farm- and fishing-related property, line 52			
61. I	Part 7: Total other property not listed, line 54		-	
		-		
62.	Total personal property. Add lines 56 through 61	\$1301.00	_	+ \$1301.00
			Copy personal property total ▶	
				\$1301.00
63. <b>T</b>	otal of all property on Schedule A/B. Add line 55 + line 62			

		Case 18-22226	Doc 1 Filed 08 Docui		3 16:48:13 Desc Main
Fill	in this inforr	nation to identify your case:			
Deb	otor 1	Ulysses First Name	Middle Name	Esparza Last Name	
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name	
Uni	ted States B	ankruptcy Court for the: North	ern D	istrict of Illinois	
Cas	se number			(State)	
(If kn					
$\bigcap$ f	ficial	Form 106C		_	Check if this is an amended filing
<u>UI</u>	IICiai i	OIIII 100C			g
Sc	hedule	C: The Property	You Claim a	s Exempt	04/16
stat the tax- und you	e a specif amount o exempt re er a law t r exempti	ic dollar amount as exem f any applicable statutory etirement funds—may be	pt. Alternatively, you limit. Some exempt unlimited in dollar a o a particular dollar applicable statutor	n may claim the full fair market va ions—such as those for health aid mount. However, if you claim an e amount and the value of the prop	on you claim. One way of doing so is to lue of the property being exempted up to is, rights to receive certain benefits, and exemption of 100% of fair market value erty is determined to exceed that amount,
1.			-	en if your spouse is filing with you.	
		re claiming state and federal i			
	You a	re claiming federal exemption	s. 11 U.S.C. § 522(b)(2	2)	
2.	For any p	operty you list on Schedule A	/B that you claim as e	xempt, fill in the information below.	
2.		ription of the property and hedule A/B that lists this	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
	Brief description	:	\$0.00		735 ILCS 5/12-1001(b)

No Yes

Checking account,

Checking account,

17

3. Are you claiming a homestead exemption of more than \$160,375?

Northstate Bank

Line from Schedule A/B:

description:

Line from Schedule A/B:

**Consumer Credit Union** 

100% of fair market value, up to any

\$1.00

100% of fair market value, up to any

applicable statutory limit

applicable statutory limit

\$1.00

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

**V** 

735 ILCS 5/12-1001(b)

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Esparza Debtor 1 Ulysses Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$750.00 description:  $\checkmark$ \$750.00 **Used Furniture** 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B: 06 735 ILCS 5/12-1001(a) \$350.00 description: **✓** \$350.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Brief 735 ILCS 5/12-1001(b) description: \$200.00 **✓** \$200.00 x1 television; x1 laptop 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 07

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			G				
Fill in thi	s information to identify your o	case:					
Debtor 1	Ulysses		Esparza				
	First Name	Middle Name	Last Name	_			
Debtor 2							
(Spouse, if	filing) First Name	Middle Name	Last Name	_			
United S	tates Bankruptcy Court for the:	Northern	District of Illinois	_			
_			(State)				
Case nui	mber			_			
, ,	ial Form 106D						Check if this is an amended filing
					_	_	arrended ming
Sche	edule D: Credi	tors Who Ha	ve Claims Secu	ared by	/ Prop	erty	12/15
more spa	•		e are filing together, both are nber the entries, and attach it				
1. <b>Do</b>	any creditors have claims	secured by your prope	ty?				
<b>✓</b>	No. Check this box and sub	mit this form to the court	with your other schedules. You	have nothing	g else to repo	rt on this form.	
	Yes. Fill in all of the informati	on below.					
Part 1:	List All Secured Claims						
for		editor has a particular claim	red claim, list the creditor separat list the other creditors in Part 2. g to the creditor's name.	As Amoun Do not	t of claim deduct the f collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any

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Fill in	n this inforr	nation to identify your c	ase:					
Deb	tor 1	Ulysses First Name	Middle Name	Esparza Last Name				
Deb	tor O	riist ivaille	Middle Name	Last Name				
	use, if filing)	First Name	Middle Name	Last Name	<del></del>			
	, 0,	T HOL HAMIO	Wildalo Hairio	Last Hamo				
Unit	ed States B	ankruptcy Court for the:	Northern	District of Illinois (State)				
Case (If knd	e number own)			(,				
Off	icial F	orm 106E/F				Che	eck if this is an	n amended filing
		<del></del>	ditors Who	Have Unse	ecured Claims			12/15
Form claim the e know	106A/B) ans that are entries in the ntries in the	and on Schedule G: Exe listed in Schedule D: C ne boxes on the left. At	cutory Contracts and Une reditors Who Hold Claims	expired Leases (Officia s Secured by Property.	n. Also list executory contracts I Form 106G). Do not include a If more space is needed, copy e top of any additional pages, v	ny credito the Part y	rs with partia ou need, fill i	ally secured t out, number
1.	-	editors have priority un Go to Part 2.	secured claims against y	ou?				
2.	listed, iden As much a Continuati	itify what type of claim it as possible, list the claims on Page of Part 1. If mor	is. If a claim has both priorit	ty and nonpriority amou ding to the creditor's na particular claim, list the o		both priority	and nonprio	rity amounts.
						Total claim	Priority amount	Nonpriority amount

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **V** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** Alignmd Emergency of Illinois, PLLC 4.1 \$1,200.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO Box 4458 Street Number As of the date you file, the claim is: Check all that apply. Dept. 194 Contingent Unliquidated 77210 Houston Texas City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify Medical Is the claim subject to offset? No Yes BK OF AMER \$2,570.00 Last 4 digits of account number 4304 Nonpriority Creditor's Name When was the debt incurred? 4/2013 PO BOX 1598 Number As of the date you file, the claim is: Check all that apply. Contingent NORFOLK Virginia 23501 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only  $\overline{}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? **V** No Yes CAPITALONE 4.3 \$604.00 Last 4 digits of account number 7111 Nonpriority Creditor's Name When was the debt incurred? 10/2013 PO BOX 30253 Number As of the date you file, the claim is: Check all that apply. Contingent SALT LAKE CITY Utah 84130 Unliquidated City Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? No Yes

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Debtor 1 Ulysses Esparza Case number (lif known)
First Name Middle Name Last Name

Part 2	Your NONPRIORITY Unsecured Claims - Continuation	Page	
	After listing any entries on this page, number them beginning with	h 4.5, followed by 4.6, and so forth.	Total claim
4.4	CBNA Nonpriority Creditor's Name Po Box 6497 Number Street	Last 4 digits of account number 0562  When was the debt incurred? 10/2012  As of the date you file, the claim is: Check all that apply.	\$644.00
	Sioux Falls  City  State  Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard	
4.5	CBNA Nonpriority Creditor's Name Po Box 6497 Number Street  Sioux Falls South Dakota 57117 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes	Last 4 digits of account number 4998 When was the debt incurred? 12/2006  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard	\$433.00
4.6	CERTIFIED SERVICES INC  Nonpriority Creditor's Name PO Box 177  Number Street  Waukegan Illinois 60079  City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes	When was the debt incurred? 5/2012  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA	\$39.00

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Debtor 1 Ulysses Esparza Case number (lif known)
First Name Middle Name Last Name

Part :	Your NONPRIORITY Unsecured Claims - Continuation	n Page	
	After listing any entries on this page, number them beginning wi	ith 4.5, followed by 4.6, and so forth.	Total claim
4.7	CHASE CARD  Nonpriority Creditor's Name  BANK ONE CARD SERV 2500 WESTFIELD DRI  Number Street	- Last 4 digits of account number 0130  When was the debt incurred? 9/2012  As of the date you file, the claim is: Check all that apply.	\$6,468.00
	ELGIN Illinois 60124 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes	Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard	
4.8	CREDIT ONE BANK NA Nonpriority Creditor's Name PO BOX 98875 Number Street  LAS VEGAS Nevada 89193 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  Yes	Heat 4 digits of account number 5393  When was the debt incurred? 5/2017  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify CreditCard	\$612.00
4.9	DISCOVER FIN SVCS LLC  Nonpriority Creditor's Name PO BOX 15316  Number Street  WILMINGTON Delaware 19850 City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes	When was the debt incurred? 9/2012  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard	\$1,253.00

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 **Gateway Foundation** \$450.00 Last 4 digits of account number Nonpriority Creditor's Name 1706 N Kedzie Ave When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60647 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_ Medical Is the claim subject to offset? No ◪ Yes Greenleaf Orthopaedic Assoc. SC \$400.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 7101 Solutions Ctr As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60677 Disputed State Zip Code Who incurred the debt? Check one Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Medical Is the claim subject to offset? **✓** No Yes KOHLS/CAPONE 4.12 \$303.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3/2013 PO BOX 3115 Number As of the date you file, the claim is: Check all that apply. Contingent MILWAUKEE Wisconsin 53201 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify

CreditCard

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Debtor 1 Ulysses Esparza Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

	Your NONPRIORITY Unsecured Claims - Continuation	iii ugo	
	After listing any entries on this page, number them beginning v	with 4.5, followed by 4.6, and so forth.	Total claim
4.13	MERCHANTS CREDIT GUIDE Nonpriority Creditor's Name 223 W JACKSON BLVD # 700 Number Street	Last 4 digits of account number 0765 When was the debt incurred? 3/2017	\$287.00
	Chicago Illinois 60606 City State Zip Code	As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only	Disputed  Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only  At least one of the debtors and another	Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar	
	☐ Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No ☐ Yes	debts  On Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify  PAYMENT DATA	
4.14	MIDLAND FUNDING Nonpriority Creditor's Name 2365 Northside Drive Number Street	Last 4 digits of account number 4160 When was the debt incurred? 7/2015  As of the date you file, the claim is: Check all that apply.	\$996.00
	San Diego California 92108 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify 001 UnknownLoanType	
4.15	Navient Nonpriority Creditor's Name PO Box 8961 Number Street	Last 4 digits of account number 0310 When was the debt incurred? 3/2010  As of the date you file, the claim is: Check all that apply.	\$5,285.00
	Madison Wisconsin 53708 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No	Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	

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Debtor 1 Ulysses First Name Case number (if known) Esparza Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5. followed by 4.6, and so forth.

	After listing any entries on this page, number them beginning wi	th 4.5, followed by 4.6, and so forth.	rotai ciaim
4.16	Navient Naporiority Craditoria Nama	Last 4 digits of account number 0310	\$3,143.00
	Nonpriority Creditor's Name PO Box 8961	When was the debt incurred? 3/2010	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Madison Wisconsin 53708	Unliquidated	
	City State Zip Code  Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	✓ Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	<b>✓</b> No		
	Yes		
4.17	RISE	Look 4 digits of account number 7010	\$3,710.00
	Nonpriority Creditor's Name	Last 4 digits of account number 7916  When was the debt incurred? 4/2018	
	PO Box 101808 Number Street		
		As of the date you file, the claim is: Check all that apply.	
	Fort Worth Texas 76185	Contingent	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	<u>'</u>	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts	
	Is the claim subject to offset?	✓ Other. Specify16 InstallmentLoan	
	✓ No		
	Yes		
4.18	SYNCB/CARE CREDIT Nonpriority Creditor's Name	Last 4 digits of account number1591	\$453.00
	C/O P.O. BOX 965036	When was the debt incurred? 3/2018	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	ORLANDO Florida 32896 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No		

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Debtor 1 Ulysses First Name Esparza \_\_\_\_ Case number (if known) Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** US DEPT OF ED/GLELSI
Nonpriority Creditor's Name 4.19 \$15,590.00 — Last 4 digits of account number 6577

	2401 INTERNATIONAL L			When was the debt incurred?	9/2008	
	Number Street			As of the date you file, the claim	is: Check all that apply.	
				Contingent		
	MADISON	Wisconsin	53704	- Unliquidated		
	City Who incurred the debt?	State Check one	Zip Code	Disputed		
	Debtor 1 only	Check one.			l alaim.	
	Debtor 2 only			Type of NONPRIORITY unsecured	ciaim:	
	Debtor 1 and Debtor	2 only		✓ Student loans		
	At least one of the de	,		Obligations arising out of a sepa divorce that you did not report a		
	Check if this claim	relates to a commi	ınity debt	Debts to pension or profit-sharing debts	ng plans, and other similar	
	Is the claim subject to d	offset?		Other. Specify		
	<b>✓</b> No					
	Yes					
4.20	US DEPT OF ED/GLELSI			- Last 4 digits of account number	2581 _	\$3,775.00
	Nonpriority Creditor's Nan 2401 INTERNATIONAL L			When was the debt incurred?	5/2011	
	Number Street			As of the date you file, the claim	in Charle all that apply	
				Contingent	is. Offeck all that apply.	
	MADISON	Wisconsin	53704			
	City	State	Zip Code	- Unliquidated		
	Who incurred the debt?  Debtor 1 only	' Check one.		Disputed		
	<u> </u>			Type of NONPRIORITY unsecured	claim:	
	Debtor 2 only	_		✓ Student loans		
	Debtor 1 and Debtor	2 only		Obligations arising out of a sepa		
	At least one of the de	ebtors and another		divorce that you did not report a		
	Check if this claim		ınity debt	Debts to pension or profit-sharing debts		
	Is the claim subject to d	offset?		Other. Specify		
	✓ No					
	Yes					
4.21	Vista Medical Center East			- Last 4 digits of account number	_	\$4,000.00
	Nonpriority Creditor's Nan Po Box 504316	ne		When was the debt incurred?	n/a	
	Number Stree	et		<del>-</del>		
				As of the date you file, the claim	is: Check all that apply.	
				- Contingent		
	Saint Louis	Missouri	63150	Unliquidated		
	City	State	Zip Code	Disputed		
	Who incurred the debt?  Debtor 1 only	Check one.		Type of NONPRIORITY unsecured	claim:	
	Debtor 2 only			Student loans		
	Debtor 1 and Debtor	2 only		Obligations arising out of a sepa		
	At least one of the de	ebtors and another		Debts to pension or profit-sharin	· ·	
	Check if this claim	relates to a commi	ınity debt		dical	
	Is the claim subject to d	offset?				
	✓ No					
	Yes					

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 WEBBANK/FINGERHUT \$829.00 Last 4 digits of account number 6887 Nonpriority Creditor's Name 6250 RIDGEWOOD RD When was the debt incurred? 4/2018 Number Street As of the date you file, the claim is: Check all that apply. Contingent SAINT CLOUD Minnesota 56303 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt CreditCard Other. Specify \_\_ Is the claim subject to offset? **✓** No Yes

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Debtor 1 Ulysses Esparza Case number (if known)
First Name Middle Name Last Name

1 11 00 140	Widdle Hallo			
Part 4: Add th	ne Amounts for Each Type of Unsecured Claim			
	mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.	for s	tatistical reporting purposes	s only
			Total claims	
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00	
	6b. Taxes and certain other debts you owe the government		\$0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00	
	6e. Total. Add lines 6a through 6d.	6e.	\$0.00	
			Total claims	
Total claims from Part 2	6f. Student loans	6f.	\$27,793.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$25,251.00	
	6j. Total. Add lines 6f through 6i.	6j.	\$53,044.00	

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Fill in this information to identify your case:							
Debtor 1	Ulysses		Esparza				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		Northern	District of Illinois				
			(State)				
Case number (If known)							

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or co	mpany with whom you have	the contract or lease	State what the contract or lease is for
.1 Esparza, Jos Name 2621 W Atlar			Residential Lease, Debtor is Lessee, Residential Lease
Number	Street		
Waukegan	Illinois	60085	
City	State	Zip Code	

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			20	ournoin rago	<b>3</b> 1 01 1 1
Fill i	n this infor	mation to identify you	ır case:		
Deb	tor 1	Ulysses		Esparza	
	_	First Name	Middle Name	Last Name	
	tor 2 use, if filing)	First Name	Middle Name	Last Name	
Unit	ed States E	Bankruptcy Court for the	ne: Northern	District of Illinois	
				(State)	
(If knd	e number own)				<del></del>
					Check if this is an amended filing
∩f	ficial	Form 106H	4		amended ming
			<del>_</del>		
Sc	hedul	e H: Your C	odebtors		12/15
1.	No Yes Within the Idaho, Lou	e last 8 years, have y	ou lived in a community pro	perty state or territory? (	codebtor.)  Community property states and territories include Arizona, California,
	Yes.	Did your spouse, for	rmer spouse, or legal equiva	lent live with you at the tin	ne?
		No			
		Yes. In which comm	unity state or territory did you	live?	_ Fill in the name and current address of that person.
		Name of your spous	e, former spouse, or legal equ	valent	
		Number Street			
		City	State	Zip Code	<del></del>
		,		•	
3.	again as a	a codebtor only if tha	at person is a guarantor or c	osigner. Make sure you h	your spouse is filing with you. List the person shown in line 2 ave listed the creditor on Schedule D (Official Form 106D), dule D, Schedule E/F, or Schedule G to fill out Column 2.
	Column 1	: Your codebtor			Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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				9			
Fill in this inforn	nation to identify	your case:					
Debtor 1 Ul	ysses		Esparz	a			
Fir	st Name	Middle Name	Last Na	ame	Che	eck if this is:	
Debtor 2		NAC-L-III - N.L.	1 1 1 1		_	An amended filing	
(Spouse, if filing) Fire	st Name	Middle Name	Last Na	ame		•	
United States Bar the:	kruptcy Court for	Northern	District of Illin	nois tate)		A supplement showing post-petition chapter 13 expenses as of the following date:	
Case number(If known)					<u> </u>	MM / DD / YYYY	
Official Fo	rm 106l						
Schedule	I: Your In	come				12/19	
information abous spouse. If more number (if know	ut your spouse. I space is needed	f you are separated and , attach a separate shed y question.	d your spous	e is not filin	g with you, do	r spouse is living with you, include not include information about your ional pages, write your name and case	
Fill in your en information.	nployment		Debtor 1			Debtor 2	
		Employment status	<b>✓</b> Employ	ved		Employed	
•	ore than one job, ote page with		Not Employed			Not Employed	
attach a separate page with information about additional employers.  Occupation			Not Employed				
Include part tir self-employed	ne, seasonal, or work.	Employer's name	Z&L Machi	ning			
•	Occupation may include student or homemaker, if it applies.  Employer's address  3140 Central Ave Number Street				Number Street		
			Waukegan City	Illinois State	60085 Zip Code	City State Zip Code	
		How long employed there?					
Part 2: Give I	Details About N	Nonthly Income					
spouse unless your now	ou are separated.	e more than one employer,	-	nformation fo	-	write \$0 in the space. Include your non-filing or that person on the lines below. If you need  For Debtor 2 or	
		ary, and commissions (before a calculate what the monthly was		2.	\$2,349.62	non-filing spouse	
3. Estimate ar	d list monthly over	#!					
	a not monthly over	time pay.		3.	+ \$0.00		

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First Name Middle Name	Esparza Last Name		Case number		
THIST NAME WHICH IN THE	Last Name		known) For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	<b>→</b> 4.		\$2,349.62		
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a	l.	\$425.75		
5b. Mandatory contributions for retirement plans	5b	<u> </u>	\$0.00		
5c. Voluntary contributions for retirement plans	5c	 >.	\$0.00		
5d. Required repayments of retirement fund loans	5d	<u></u> d.	\$0.00		
5e. Insurance	5e	<del></del> ).	\$204.92		
5f. Domestic support obligations	5f.	_	\$0.00		
5g. <b>Union dues</b>	5g	 1.	\$0.00		
5h. Other deductions. Specify:	_	) 1. +	\$0.00 +		
6. Add the payroll deductions. Add lines $5a + 5b + 5c + +5h$ .			\$630.67		
7. Calculate total monthly take-home pay. Subtract line	e 6 from line 4. 7.	_	\$1,718.95		
8. List all other income regularly received:					
8a. Net income from rental property and from opera business, profession, or farm	•				
Attach a statement for each property and business s gross receipts, ordinary and necessary business exp the total monthly net income.		ı	\$0.00		
8b. Interest and dividends	8b	)	\$0.00		
8c. Family support payments that you, a non-filing sequence dependent regularly receive	spouse, or a				
Include alimony, spousal support, child support, madivorce settlement, and property settlement.	aintenance, 8c	·	\$0.00		
8d. Unemployment compensation	8d	1	\$0.00		
8e. Social Security	8e	)	\$0.00		
8f. Other government assistance that you regularly Include cash assistance and the value (if known) of cash assistance that you receive, such as food stam under the Supplemental Nutrition Assistance Prograr housing subsidies Specify:	any non- ps (benefits		\$0.00		
8g. Pension or retirement income	<del></del> 8g	<u></u> J.	\$0.00		
8h. Other monthly income. Specify:		1. +	\$0.00 +		
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e	e + 8f +8g + 8h. 9.		\$0.00		
10. <b>Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or r	10 non-filing spouse	١	\$1,718.95 +		= \$1,718.95
11. State all other regular contributions to the expens Include contributions from an unmarried partner, memberiends or relatives. Do not include any amounts already included in lines 2-	pers of your household,	your dep			
Specify:					11. + \$0.00
12. Add the amount in the last column of line 10 to the Write that amount on the Summary of Schedules and S					12. \$1,718.95  Combined monthly income
13. Do you expect an increase or decrease within the No.	year after you file this	form?			
Yes. Explain:					

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		Do	ocument Page 37	7 of 77		
Fill in this inform	mation to identify you	ır case:				
Debtor 1	Ulysses First Name	Middle Name	Esparza Last Name			
Debtor 2				Check if this is:	a	
(Spouse, if filing)	First Name	Middle Name	Last Name	An amended filin	-	
	ankruptcy Court for th	ne: <u>Northern</u>	District of Illinois (State)	A supplement sheet as of the		petition chapter 13 date:
Case number (If known)				MM / DD / YYYY		
	Form 106J • <b>J: Your E</b> x	-				12/15
information. If r (if known). Ansv		d, attach another sheet to		re equally responsible for supp additional pages, write your na		
1. Is this a joir						
✓ No. Go	to line 2					
Yes. Do	oes Debtor 2 live in a	separate household?				
	<b>■</b> No					
-	Yes. Debtor 2 mus	t file Official Forms 106J-2, Ex	xpenses for Separate Househol	d of Debtor 2.		
2. Do you have	de dependents?	No				
Do not list D Debtor 2.		Yes. Fill out this information each dependent	for Dependent's relationsl Debtor 1 or Debtor 2	nip to Dependent's age	Does dep with you?	endent live
3. Do your exp	enses include people other	No				
than yourself and dependents	l your	Yes				
•		g Monthly Expenses				
_	f a date after the ba		•	s a supplement in a Chapter 13 heck the box at the top of the		•
	•	n-cash government assistan d it on Schedule I: Your Inco	nce if you know the value of ome (Official Form B 106l.)			Your expenses
	or home ownership r the ground or lot. 4.		e. Include first mortgage paym	ents and	4.	\$500.00
If not incl	uded in line 4:					
4a. Real es	tate taxes				4a	\$0.00

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 Ulysses
 Esparza
 Case number (if known)

 Last Name
 Last Name

5. Additional mortgage payments for your residence, such as home equity loans         5.         \$0.00           6. Utilities:         6.         \$20.00           6. Utilities:         6.         \$22.00           6. Utilities:         6.         \$22.00           6. Water, sever, garbage collection         6.         \$20.00           6. Chelephone, oil phone, Internet, stallite, and cable services         6.         \$150.00           6. Chelephone, oil phone, Internet, stallite, and cable services         6.         \$150.00           6. Chelephone, oil phone, Internet, stallite, and cable services         6.         \$150.00           6. Chelephone, oil phone, Internet, stallite, and cable services         6.         \$150.00           6. Chelephone, oil phone, Internet, stallite, and cable services         6.         \$150.00           6. Chelephone, oil phone, Internet, stallite, and cable services         6.         \$150.00           6. Chelephone, oil phone, Internet, stallite, and cable services         6.         \$150.00           7. Colding, Janufdy, and dry cleaning         8.         \$30.00           10. Chelidical and dental services         11.         \$155.00           11. Medical and dental services         12.         \$155.00           12. Characterian, clubs, recreation, newspapers, magazines, and books         13.	First Name	Middle Name Last Name		
6. Ullities         6a. S220.00           6b. Water, sewer, garbage collection         6b. S500.00           6b. Water, sewer, garbage collection         6c. S150.00           6b. Ullither, speedly, Cell Phone         6c. S150.00           6c. Crilephone, cell phone, Internet, satellite, and cable services         6c. S150.00           6c. Other, Speedly, Cell Phone         6d. S105.00           7. Food and housekeeping supplies         8. S0.00           8. Childcare and children's education costs         8. S0.00           9. Clothing, laundry, and dry cleaning         9. S55.00           10. Personal care products and services         10. S120.00           11. Medical and dental expenses         11. S15.00           12. Transportation, Include gas, maintenance, bus or train fare.         12. S155.00           Do not include face a pyments         12. S155.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. S0.00           14. Charitable contributions and religious donations         15. Insurance           15a. Life insurance         15a         S0.00           15b. Health insurance         15a         S0.00           15c. Vehicle insurance deducted from your pay or included in lines 4 or 20.         S0.00           15c. Vehicle insurance. Specify:         15a         S0.00				Your expenses
6a. Electricity, heat, natural gas	5. Additional mortgage paym	ents for your residence, such as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection         6b.         \$50.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$150.00           6d. Other, Specify: Cell Phone         6d.         \$150.00           7. Food and housekceping supplies         7.         \$325.00           8. Childcare and children's education costs         8.         \$0.00           9. Citothing, laundry, and dry cleaning         9.         \$55.00           10. Personal care products and services         11.         \$15.00           11. Medical and dental expenses         11.         \$15.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$155.00           10. Do not include care payements         13.         \$0.00           14. Charitable contributions and religious donations         13.         \$0.00           15. Insurance         15         \$0.00           15a. Life insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance. Specify:         15a         \$0.00           15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00	6. Utilities:			
6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$150.00           6d. Other, Specify: Gell Phone         8d         \$105.00           7. Food and housekeeping supplies         7.         \$325.00           8. Childcare and children's education costs         8.         \$50.00           9. Clothing, laundry, and dry cleaning         9.         \$55.00           10. Personal care products and services         10.         \$120.00           11. Medical and dental expenses         11.         \$15.00           12. Transportation. Include gas, maintenance, bus or Irain fare.         12.         \$155.00           15. Instraction, environmental face, bus on Irain fare.         12.         \$155.00           16. Charitable contributions and religious donations         14.         \$0.00           15. Instraction include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15a.         \$0.00           15. Leath insurance         15b.         \$0.00         \$0.00         \$0.00           15. Leath insurance         15c. Vehicle insurance.         \$15c.         \$0.00           15. Leath insurance.         15c.         \$0.00         \$0.00           15. Leath insurance.         \$15c.         \$0.00         \$0.00           15. L	6a. Electricity, heat, natural g	gas	6a.	\$220.00
6d. Other. Specify Cell Phone         6d         \$105.00           7. Food and housekeeping supplies         7.         \$325.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$55.00           10. Personal care products and services         10.         \$12.00           11. Medical and dental expenses         11.         \$15.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$155.00           10. Include car payments         13.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         15.         \$0.00           15. Insurance.         15         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15         \$0.00           15b. Health insurance         15         \$0.00           15c. Vehicle insurance.         \$0.00         \$0.00           15c. Vehicle insurance.         \$0.00         \$0.00           15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           17. Installment or lease payments.         17a         \$0.00 <td>6b. Water, sewer, garbage co</td> <td>ollection</td> <td>6b.</td> <td>\$50.00</td>	6b. Water, sewer, garbage co	ollection	6b.	\$50.00
7. Food and housekeeping supplies         7.         \$325.00           8. Childcare and childcare's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$55.00           10. Personal care products and services         10.         \$120.00           11. Medical and dental expenses         11.         \$15.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$155.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15a         \$0.00           15b. Health insurance deducted from your pay or included in lines 4 or 20.         15a         \$0.00           15c. Vehicle insurance. Specify:         15a	6c. Telephone, cell phone, I	nternet, satellite, and cable services	6c.	\$150.00
8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$55.00           10. Personal care products and services         10.         \$120.00           11. Medical and dental expenses         11.         \$15.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments         12.         \$155.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15a         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a         \$0.00           15b. Health insurance         15a         \$0.00           15c. Vehicle insurance         15c         \$0.00           15d. Other insurance. Specify:         15c         \$0.00           15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           15c. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           15c. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           17a. Cor payments for Vehicle 1         17a         \$0.00           17a. Cor payments for Vehicle 2         17b         \$0.00           17c. Other. Speci	6d. Other. Specify: Cell Pho	one	6d	\$105.00
9. Clothing, laundry, and dry cleaning         9.         \$55.00           10. Personal care products and services         10.         \$15.00           11. Medical and dental expenses         11.         \$15.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$155.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         8.         \$0.00           15. Insurance.         155.         \$0.00           15. Lie insurance deducted from your pay or included in lines 4 or 20.         15c.         \$0.00           15. Vehicle insurance         156         \$0.00           15. Vehicle insurance.         156         \$0.00	7. Food and housekeeping su	pplies	7.	\$325.00
10. Personal care products and services       10.       \$12.00         11. Medical and dental expenses       11.       \$15.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$155.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15a. Life insurance       15a.       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0	8. Childcare and children's e	ducation costs	8.	\$0.00
11. Medical and dental expenses       11.       \$15.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$155.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Health insurance       15b. Which insurance       15c. Vehicle insurance       17c. Other. Specify:	9. Clothing, laundry, and dry	cleaning	9.	\$55.00
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$155.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.	10. Personal care products a	nd services	10.	\$120.00
Do not included car payments   13.   20.00   14.   20.00   14.   20.00   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.	11. Medical and dental exper	nses	11.	\$15.00
14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance       15a. So.00         15b. Health insurance       15b. \$0.00         15c. Vehicle insurance       15c. \$0.00         15c. Vehicle insurance. Specify:       15d. \$0.00         15d. Other insurance. Specify:       15d. \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       5pecify:         Specify:       16         17. Installment or lease payments:       17a       \$0.00         17. Installment or lease payments:       17a       \$0.00         17b. Car payments for Vehicle 1       17a       \$0.00         17c. Other. Specify:       17c       \$0.00         17c. Other. Specify:       17c       \$0.00         17c. Other. Specify:       17c       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       19       \$0.00         20a. Mortgages on other property       20a       \$0.00 <tr< td=""><td>-</td><td></td><td>12.</td><td>\$155.00</td></tr<>	-		12.	\$155.00
15. Insurance.	13. Entertainment, clubs, rec	reation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.	14. Charitable contributions	and religious donations	14.	\$0.00
15b. Health insurance   15b   \$0.00   15c. Vehicle insurance   15c   \$0.00   15c. Vehicle insurance   15c   \$0.00   15d. Other insurance. Specify:   15d   \$0.00   15d. Other insurance. Specify:   15d   \$0.00   15d. Other insurance. Specify:   16   \$0.00   16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   16   16   16   16   16   16   16   1		ducted from your pay or included in lines 4 or 20.		
15c. Vehicle insurance	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance		15b	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify:	15c. Vehicle insurance		15c	\$0.00
Specify:	15d. Other insurance. Specif	fy:	15d	\$0.00
17.   Installment or lease payments:   17a. Car payments for Vehicle 1   17a   \$0.00   17b. Car payments for Vehicle 2   17b   \$0.00   17c. Other. Specify:   17c   \$0.00   17d. Other. Specify:   17d   \$0.00   17d. Other. Specify:   17d   \$0.00   18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18.   19. Other payments you make to support others who do not live with you.   19.   \$0.00   20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a   \$0.00   20b. Real estate taxes.   20b   \$0.00   20b. Real estate taxes.   20c. Property, homeowner's, or renter's insurance   20c. \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d. \$0.00   \$0.00   \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d. \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.	16. Taxes. Do not include taxes	s deducted from your pay or included in lines 4 or 20.		
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. So.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00	Specify:		16	\$0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. So.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	17. Installment or lease paym	nents:	10	
17c. Other. Specify: 17d. S0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18.  19. Other payments you make to support others who do not live with you.  Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	17a. Car payments for Vehic	ele 1	17a	\$0.00
17d. Other. Specify:	17b. Car payments for Vehic	cle 2	17b	\$0.00
17d. Other. Specify:	17c. Other. Specify:		17c	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20c \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.			17d	\$0.00
19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00				\$0.00
Specify:	, , ,	,	18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00		e to support others who do not live with you.	10	Ф0.00
20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00		ses not included in lines 4 or 5 of this form or on Schedule I: Your Income	19.	\$0.00
20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00			20a	\$0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00				
20d. Maintenance, repair, and upkeep expenses.  20d \$0.00	20c. Property, homeowner's	s, or renter's insurance		
	20d. Maintenance, repair, an	nd upkeep expenses.		
	20e. Homeowner's associati	ion or condominium dues		

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Debtor 1 Ulyss	es		Esparza	Case number (if known)		
First N	lame	Middle Name	Last Name			
21. <b>Other.</b> Spe	cify: Pet Supplies				21	\$50.00
22. Calculate	your monthly expenses	<u>-</u>				\$1,745.00
22a. Add lir	es 4 through 21.		\$0.00			
22b. Copy	ine 22 (monthly expense		\$1,745.00			
22c. Add lir	e 22a and 22b. The resu	It is your monthly expe	nses.		22.	
23. Calculate	our monthly net incom	e.				
23a. Copy I	ine 12 (your combined m	onthly income) from S	chedule I.		23a	\$1,718.95
23b. Copy	your monthly expenses fr	om line 22 above.			23b	\$1,745.00
	ct your monthly expenses		come.			(\$26.05)
The re	sult is your monthly net i	ncome.			23c	
24 Do vou ev	act an increase or dec	rease in vour evnens	es within the year after y	ou file this form?		
24. Do you ex	Ject all lilcrease or dec	rease iii your expens	es within the year after y	ou life this form:		
			an within the year or do yo			
mongage	payment to increase or de	ecrease because of a m	odification to the terms of y	our mongage?		
✓ No						
Yes						
	E altia hann					
	Explain here:					

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Fill in this information to identify your case:								
Debtor 1	Ulysses		Esparza					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)	_				
Case number (If known)			(ciaic)	_				

### Official Form 106Dec

П	Check if this is an
	amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.  $\frac{1}{2} \left( \frac{1}{2} \right) = \frac{1}{2} \left( \frac{1}{2} \right) \left( \frac{1}{2} \right)$ 

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t 1: Sign Below	
	Did you pay or agree to pay someone who is NOT an attorney to h	nelp you fill out bankruptcy forms?
	<b>✓</b> No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	Under penalty of perjury, I declare that I have read the summary a that they are true and correct.	and schedules filed with this declaration and
×	/s/ Ulysses Esparza	×
	Signature of Debtor 1	Signature of Debtor 2
	Date 8/7/2018	Date
	MM/DD/YYYY	MM/DD/YYYY

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Fill in this	information	n to identify your o	ase:								
Debtor 1	Ulys	ses			Espai	za					
	First	Name	Middle	Name	Last I	Name					
Debtor 2 (Spouse, if f	ling) First	Name	Middle	Name	Last I	Name					
United St	ates Bankru	ptcy Court for the:	Northern		District of I	Illinois					
Case nun	nber				Ō	(State)					
(If known)											
Offici	al For	m 107								Check if this amended filin	
			l Affaira f	iau Indi	امينامانيما	la Eilir	a for I	2 on lens	ntov	•	
		of Financia									4/1
informati	on. If mor	e space is neede	ed, attach a sep							upplying correct your name and case	
number (	if known).	Answer every q	uestion.								
Part 1:	Give Deta	ails About Your	Marital Status	and Wher	e You Liv	ved Befor	e e				
1. Wh	at is your o	current marital st	atus?								
	Married										
	Not marri	ed									
					•		_				
2. Du		st 3 years, have yo	u iived anywner	e otner tnar	wnere yo	u live now	7				
<b>✓</b>	No Voc Lieta	all of the places w	y lived in the les	t 2 vooro D	not inclu	do whoro	مريا ايمر	.,			
L	Tes. List o	all of the places yo	ou liveu iii iile ias	ot 3 years. Do	TIOLITICIU	ue where	you live nov	v.			
	Debtor 1:			Dates De	btor 1 live	ed De	otor 2:			Dates Debtor 2 lived	
	20210			there						there	
							Same as D	ebtor 1		Same as Debtor 1	
	Number S	Street		From		Nu	mber Street			From	
	_			To						То	
	City	State	Zip Code			Cit	<i>'</i>	State	Zip Code		
			p				Same as D			Same as Debtor 1	
						_				_	
	Number S	Street		From		Nu	mber Street			From	
				To						To	
	City	State	Zip Code			Cit	<i>'</i>	State	Zip Code		
						·					
									e or territory? (Co n, and Wisconsin.)	mmunity property states	
	No										
		sure you fill out S	chedule H: Your	Codebtors	Official Fo	orm 106H).					

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and (before deductions and Check all that apply. exclusions) exclusions) Wages,  $\overline{\mathbf{A}}$ Wages, \$17342.69 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$25667.00 For last calendar year: commissions, commissions, (January 1 to December 31, 2017 bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$22533.00 For the calendar year before that: commissions, commissions, (January 1 to December 31, 2016 ) bonuses, tips bonuses, tips YYYY Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2017 YYYY For the calendar year before that: (January 1 to December 31, 2016

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Was this payment Total amount paid Amount you still owe for Mortgage RISE 6/2018 \$1200.00 \$3710.00 Creditor's Name Car PO Box 101808 Credit card Number Street Loan repayment Fort Worth Texas 76185 Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City Suppliers or State Zip Code vendors Other

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1	Ulysses				parza	Case number	(if known)
	First Name		Middle Name	Las	st Name		
nsi orp ge	ders include your porations of whic	relatives; an you are a for a busir	any general partner an officer, director, ness you operate a	s; relatives of any person in control,	general partners; part or owner of 20% or	nerships of which y more of their voting	who was an insider? ou are a general partner; securities; and any managing domestic support obligations,
<b>✓</b>	No						
	Yes. List all pay	ments to	an insider.				
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name						
	Number Street						
-	City	State	Zip Code				
	Insider's Name						
	Number Street						
	City	State	Zip Code				
insi	der? ude payments on No	debts gua	aranteed or cosigne	ed by an insider.  ider.  Dates of	Total amount	Amount you	n account of a debt that benefited an  Reason for this payment
				payment	paid	still owe	Include creditor's name
	Insider's Name						
	N le Ot I						
	Number Street						
	City	State	Zip Code				
_		State	Zip Code				
-	City	State	Zip Code				
-	City Insider's Name	State	Zip Code				

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code

Property was attached, seized, or levied.

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First Name Middle Name Last	rza Case number (if known)
First Name Middle Name Last	Name
11. Within 90 days before you filed for bankruptcy, did any credito accounts or refuse to make a payment because you owed a de	r, including a bank or financial institution, set off any amounts from your bt?
No Yes. Fill in the details.	
	the action the creditor took  Date action was taken  Amount
Creditor's Name	
Number Street	
Last 4 di	gits of account number: XXXX-
City State Zip Code	
12. Within 1 year before you filed for bankruptcy, was any of your pappointed receiver, a custodian, or another official?	roperty in the possession of an assignee for the benefit of creditors, a court-
✓ No	
Yes  Part 5: List Certain Gifts and Contributions	
13. Within 2 years before you filed for bankruptcy, did you give an	y gifts with a total value of more than \$600 per person?
✓ No  Yes. Fill in the details for each gift.	
Gifts with a total value of more than \$600 Describe per person	e the gifts  Dates you gave the gifts
Person to Whom You Gave the Gift	
Number Street	
City State Zip Code	
Person's relationship to you	
Person's relationship to you  Person to Whom You Gave the Gift	

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ebtor 1	Ulysses		Esparza	Case number (if kno	wn)	
	First Name	Middle Name	Last Name			
Wi	thin 2 years before you file	ed for bankruptcy, did	I you give any gifts or contribu	tions with a total value	of more than \$600	to any charity?
<b>V</b>	No					
Ė	Yes. Fill in the details for	each gift or contributi	ion			
_		_				
	Gifts or contributions to		Describe what you contri	buted	Date you	Value
	that total more than \$6	00			contributed	
	Charity's Name		_			
			_			
	Number Street		-			
	City State	Zip Code	_			
	i					
t 6:	List Certain Losses					
	mbling? No	u for bankruptcy or si	nce you filed for bankruptcy, d	nu you lose anything be	cause of their, life,	other disaster, or
	Yes. Fill in the details.					
	Describe the property y	ou lost and	Describe any insurance of	coverage for the loss	Date of your	Value of property
	how the loss occurred		Include the amount that in	surance has paid. List	loss	lost
			pending insurance claims of	on line 33 of <i>Schedule</i>		
			A/B: Property.			
	List Certain Payment					
	No Fili II I I I I					
✓	Yes. Fill in the details.					
			Description and value of	any property	Date payment	Amount of
			transferred		or transfer	payment
					was made	
	Semrad Law Firm		Attorney's Fee - 0.00		8/7/2018	\$0.00
	Person Who Was Paid					
	1444 N. Farnsworth Aven	iue	_			
	Number Street					
	Suite 300		_			
	Aurora Illinois	60505				
	City State	Zip Code	-			
	J., J.	_p				
	Email or website address		-			
	None		_			
	Person Who Made the Pa	yment, if Not You				
	Person Who Was Paid		_			
	<del></del>		_			
	Number Street					
			_			
	City State	Zip Code	-			
			The state of the s			
			_			
	Email or website address		-			
	Email or website address  Person Who Made the Pa		-			

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Debto		Ulysses		Esparza	Case number (if	known)	
		First Name	Middle Name	Last Name			
	help	nin 1 year before you filed o you deal with your credit not include any payment or t	ors or to make paym		our behalf pay or tra	nsfer any property to a	nyone who promised to
	<b>✓</b>	No					
		Yes. Fill in the details.					
				Description and value of a transferred	iny property	Date payment or transfer was made	Amount of payment
		Person Who Was Paid				<del></del>	
		Number Street					
		City State	Zip Code				
	Inclu and	transfers that you have alrea	nd transfers made as s	security (such as the granting of	a security interest or m	nortgage on your propert	y). Do not include gifts
		Yes. Fill in the details.					
				Description and value of partransferred		oe any property or nts received or debts p ange	Date aid transfer was made
		Person Who Received Trans	sfer				
		Number Street					
		City State Person's relationship to you	Zip Code u				
		Person Who Received Trans	sfer				
		Number Street					
		City State Person's relationship to you	Zip Code J				
	ben	nin 10 years before you file eficiary? ese are often called asset-pro		d you transfer any property to	a self-settled trust o	or similar device of whic	ch you are a
		No	,				
	Ш	Yes. Fill in the details.		Description and value of	the property transfe	erred	Date transfer was made
		Name of trust					

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

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Debtor 1 Ulysses Esparza Case number (if known) First Name Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** 

City

State

Zip Code

State

Zip Code

City

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Deb		Ulysses		#: I II - N	Esparza	Ca	ase number <i>(i</i>	if known)	
		First Name	<u> </u>	Middle Name	Last Name				
26.	Hav	e you been a party	/ in any judici	al or administr	ative proceeding u	nder any environm	ental law? Ir	nclude settlements and ord	ers.
		No Yes. Fill in the det	ails.						
					Court or agency		Nature	of the case	Status of the case
		Case title			Court Name		_		Pending
		Case number			NumberStreet		-		On appeal
					City State	e Zip Code	-		Concluded
Pari	11:	Give Details Ab	out Your B	usiness or Co	onnections to Any	/ Business			
27.	With	nin 4 years before	you filed for b	ankruptcy, did	l you own a busines	s or have any of th	e following o	connections to any busines	s?
		A member of A partner in a An officer, di An owner of a	a limited liabi a partnership rector, or mar at least 5% of bove applies	aging executive the voting or e	ade, profession, or of LC) or limited liabilities of a corporation equity securities of a details below for ea	ty partnership (LLP corporation		part-time	
					Describe the	nature of the busin	ness	Employer Identification	
								include Social Security r	lumber or ITIN.
		Business Name						Liiv.	
		Number Street			Name of acco	ountant or bookkee	eper	Dates business existed	
		City	State	Zip Code				FromTo	
					Describe the	nature of the busin	ness	Employer Identification r include Social Security r	
		Business Name			_			EIN:	
		Number Street			Name of acco	ountant or bookkee	eper	Dates business existed	
		City	State	Zip Code	_			From To	
					Describe the	nature of the busin	ness	Employer Identification r include Social Security r	
		Business Name			_			EIN:	
		Number Street			Name of acco	ountant or bookkee	eper	Dates business existed	
		City	State	Zip Code	_			FromTo	

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Debtor 1	1 Ulysses			Esparza	Case number (if known)
	First Name		Middle Name	Last Name	
	thin 2 years editors, or of		bankruptcy, did you	u give a financial statem	ent to anyone about your business? Include all financial institutions,
<b>✓</b>	No Yes. Fill in	the details below.			
	_			Date issued	
	Name			MM/DD/YYYY	
	Number	Street			
	City	State	Zip Code		
Part 12:	Sign Bel	0144			
			es up to \$250,000, o		erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		Signature of Debtor			Signature of Debtor 2
		Date 8/7/2018			Date
Did y	you attach a	dditional pages to	Your Statement of F	inancial Affairs for Indiv	duals Filing for Bankruptcy (Official Form 107)?
<b>~</b>	No				
	Yes				
Did y	you pay or a	gree to pay someo	ne who is not an atto	orney to help you fill out	bankruptcy forms?
<b>✓</b>	No				
	Yes. Name o	f person			Attach the Bankruptcy Petition Preparer's Notice,

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Fill in this information to identify your case:					
Debtor 1	Ulysses	Esparza			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		Northern	District of Illinois		
			(State)		
Case number (If known)	-				

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

	For any creditors that you listed in Part 1 of Schedule D: Creditors I information below.	Who Have Claims Secured by Property (Official Forn	n 106D), fill in the
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.
	Creditor's name: Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. Yes.

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Debtor	Ulysses		Esparza	Case number (if	
1	First Name	Middle Name	Last Name	known)	
Part 2:	List Your Unexpired I	Personal Property Leas	es		
informa	tion below. Do not list re		l leases are leases that	ry Contracts and Unexpired Leases (Official Form 106G), fill in the it are still in effect; the lease period has not yet ended. You may 1 U.S.C. § 365(p)(2).	
Des	scribe your unexpired per	rsonal property leases		Will the lease be assumed?	
Les	sor's name:			□ No □ Yes	
	cription of leased perty:				
Les	sor's name:			□ No □ Yes	
	cription of leased perty:				
Les	sor's name:			□ No □ Yes	
	cription of leased perty:			<del>_</del>	
Les	sor's name:			No Yes	
	cription of leased perty:				
Les	sor's name:			☐ No ☐ Yes	
	cription of leased perty:				
Les	sor's name:			No Yes	
	cription of leased perty:				
Les	sor's name:			□ No □ Yes	
	cription of leased perty:				
Part 3:	Sign Below				Ī
Unde			my intention about any	y property of my estate that secures a debt and any personal	-
	/s/ Ulysses Esparza		<u> </u>		
Si	gnature of Debtor 1		Si	ignature of Debtor 2	
D	ate 8/7/2018		Da		
	MM/DD/YYYY			MM/DD/YYYY	

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B2030 (Form 2030) (12/15)

## **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

In re	Ulysses Esparza	Northern	District of Illinois	ase No.		
	Debtor	:	O		(If known)	
			Ch	napter	Chapter 7	
	ISCLOSURE OF					
compe	ant to 11 U.S.C. § 329(a) and nsation paid to me within or ed or to be rendered on beha	e year before the filing o	of the petition in bankrupto	y, or agreed to b	renamed debtor(s) and that be paid to me, for services ankruptcy case is as follows:	
For leg	al services, I have agreed to	accept			\$1,650.00	
Prior to	the filing of this statement	I have received			\$0.00	
Balance	e Due				\$1,650.00	
2. The so	urce of the compensation pa	id to me was:			and the second s	
	Debtor	Other (sp	pecify)			
3. The so	urce of the compensation pa	id to me is:				
	✓ Debtor	Other (sp	ecify)			
4. 🔽 I ha	4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.					
I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.						
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
<ul> <li>Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> </ul>						
b.	Preparation and filing of any	petition, schedules, sta	atements of affairs and plan	which may be	required;	
C.	Representation of the debto	r at the meeting of credi	tors and confirmation heari	ing, and any adj	journed hearings thereof;	
6. By agre	ement with the debtor(s), the	e above-disclosed fee do	oes not include the followin	g services:		
		CERT	TIFICATION			
I certify the debtor(s) in the	nat the foregoing is a comple nis bankruptcy proceedings.	ete statement of any agre	eement or arrangement for	payment to me	for representation of the	
	8/7/2018		/s/ James N	lowak		
	Date		Signature of A	ttorney		
			Semrad Law	Firm		
			Name of law	/ firm		



Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Thank you for selecting The Semrad Law Firm LLC (the "Firm") as legal counsel. It is our policy to confirm in writing the terms of our engagement, including the scope of our representation and how we will charge for our legal services. Those terms are set forth below.

- Scope of Representation. The Firm will be representing you in all aspects of your Bankruptcy case filed under Chapter 7 of the United Stated Bankruptcy Code except for any adversary proceedings that may be filed against you. The scope of this representation does not include any other civil or criminal proceedings.
- 2. Conditional Representation. The Firm has agreed to represent you on the condition that you will enter into and sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case. If you refuse to enter into and sign the agreement within ten (10) days after the filing of your case, the Firm will file a motion to withdraw from representing you.
- 3. Prepetition Fees.
  - a. Before the case is filed, the Firm agrees to:
    - Personally counsel you regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures as well as nonbankruptcy options, and answer your questions;
    - ii. Personally explain to you that the Firm is being engaged to represent you on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees are determined and paid;
    - Personally review with you and sign the completed petition, statements, and schedules;
    - iv. Timely prepare and file your petition, statements, and schedules,
    - v. Advise you on which creditors you will need to continue to pay, such as housing or vehicle payments that you intend to retain.
  - b. The fee for services provide before the case is filed is \$0.00
  - c. The Firm may also incur costs for such items as credit reports and tax transcripts for which it will <u>not</u> seek reimbursement.
- 4. Post-Petition Fees.
  - a. After the case is filed, the Firm agrees to:
    - Advise you of the requirement to attend the meeting of creditors and notify you of the date, time, and place of the meeting;



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Ulysses Esparza

- ii. Advise you of the requirement to attend a debtor education course and provide a certificate of completion to the Firm;
- iii. Send notice of your case filing to creditors;
- iv. Correspond with creditors regarding any matters necessary for the administration of your case, including to cease payroll garnishments, unfreeze bank accounts, or recover property that was improperly seized by a creditor;
- v. Timely submit to the Chapter 7 trustee properly documented proof of income, tax records as well as any other necessary documentation;
- vi. Provide you with knowledgeable legal representation at the meeting of creditors as well as any continued or rescheduled meetings in time for check-in and examination;
- vii. Timely prepare and file the notice of completion of the debtor education course;
- viii. If the Firm will be employing another attorney to attend the meeting of creditors, personally explain to you, in advance, the role and identity of the other attorneys and provide that attorney with your file in sufficient time to review it and properly represent you at the meeting;
- ix. Timely negotiate with the Trustee regarding any property or actions that the Trustee may pursue that could be adverse to your interests;
- x. Timely prepare, file, and serve any necessary statements, amended statements, amended schedules and any change of address, in accordance with information provided by you;
- xi. Monitor all incoming case information, including but not limited to, Reaffirmation agreements, notice of audits by the US Trustee, correspondence from you or any interested parties;
- xii. Review and negotiate, if necessary, any reaffirmation agreements and personally explain the terms of said agreements to you;
- xiii. Be available to respond to your questions throughout the term of the case;
- xiv. Review and timely respond, if necessary, to Trustee motions to dismiss the case;
- xv. Review and timely respond, if necessary, to motions for relief from stay;
- xvi. Prepare, file, and serve all appropriate motions to avoid liens;
- xvii. Prepare, file, and serve all appropriate motion to redeem;
- xviii. Send In Re Mendiola letters to previously undisclosed creditors; and
- xix. Provide any other legal services necessary for the administration of the case.
- b. The fee for services provide after the case is filed is \$1,650.00.
- c. The firm will have no right to payment of the fee listed in section 4(b) unless you sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case.

- d. After the case is filed, the Bankruptcy Court will require payment of filing fees in the amount of \$335.00. In order to pay this, you have two (2) options (please circle one):
  - i. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
  - ii. Request that the Firm pay the costs on your behalf for which it will seek reimbursement from you;
- 5. Retainers and Payments to the Firm.
  - a. The fee being charged to you is a flat fee for services rendered during the Chapter 7 case and will be applied without the need for the Firm to keep detailed time records for the specific services performed.
  - b. Any funds paid to the Firm shall immediately become property of the Firm and will be deposited into the operating account of the Firm and will be used for general expenses of the firm.
  - c. While it is ordinarily your option to deposit funds with an attorney that shall remain your property as security for future services, the Firm does not represent clients under such a security retainer because bankruptcy cases require many disparate tasks and functions for the attorneys and support staff; some of which require legal expertise while others may only be ministerial in nature. The benefit to you is the firm's commitment to perform any and all work necessary to represent you in this Chapter 7 bankruptcy.
- 6. Right to Hire New Counsel. You always have the right at any time to terminate the Firm's representation and hire new counsel. Should you refuse to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case, and the Firm moves to withdraw from representing you, you are strongly encouraged to hire new counsel.
- 7. Conflict Waiver. There is an inherent conflict wherever attorneys represent debtors in bankruptcy for a fee. The Firm is working to alleviate financial issues, while at the same time charging a fee. There have also previously been cases that questioned whether asking you to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case presents a possible additional conflict of interest. The Firm may only represent you if that representation will not be materially limited by the Firm's own interests. We believe our ability to represent you will not be affected by your ongoing obligation to pay our post-petition fee. By signing this agreement, you are waiving this conflict and are allowing us to represent you. You

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Ulysses Esparza

do not have to waive this conflict of interest and can instead choose for the Firm not to represent you. You also have the right to consult separate counsel to discuss whether you should waive this conflict.

8. Merger. This agreement constitutes the entire agreement between you and the Firm. Any previous discussions or agreements are not valid or enforceable unless contained in this document.

Very truly Yours,  Attorney, The Semrad Law Firm	
CONFIRMED:	
Client () / 18	Client
Date	Data

CHAPTER 7 DISCLAIMERS
1. I understand that Robert J. Semrad and Associates has pulled a credit report, but that said credit report does not report every debt I owe. I understand that it is my responsibility to provide all my debts to Robert J. Semrad and Associates to list in my bankruptcy.
2. I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to Robert J. Semrad and Associates all my debts, sources of income, assets, personal property, real estate, transfers of real estate or any property over the past 4 years, and all expenses I have.
3. I agree that I will attend my creditors meeting at the time, date, and location that will be mailed to me by the Bankruptcy Court. That at this meeting I will bring my driver's license or State ID AND my social security card. That failure of me to attend this meeting is grounds for my case to be dismissed. I also understand that failure to bring said requested documents to the meeting could be grounds for the meeting to not be held.
4. I understand and agree to complete my 2nd credit counseling exit course (Debtor Education course) within 45 days of my original 341 meeting date, and submit a copy of the certificate showing I completed this to my attorney. I also understand that failure to complete this 2nd course and submit it to my attorney can be grounds to have my case close without a discharge. I understand that if my case closes without a discharge, that additional fees would have to be paid to Robert J. Semrad and Associates to re-open my case to file the 2nd Debtor Education certificate. I understand that I must contact one of the Chapter 7 attorneys to confirm receipt of the certificate. I also understand that there will be a separate fee for the 2nd course.
5. If I have a garnishment coming out of my paycheck, I agree and understand that it is my responsibility to provide to my payroll department with proof of my bankruptcy to stop wage garnishments. It is also my responsibility to contact the garnishing creditor and provide them with proof of filing.
6. If a garnishment or voluntary deduction is coming out of my bank account, I agree that it is my responsibility to contact my bank to stop said deduction or garnishment by providing proof of bankruptcy, or requesting my bank to close my account and open a new account.

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7. I understand that I must have filed my federal and state taxes for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed.
8. I agree that I authorized Robert J. Semrad and Associates to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules.
9. I understand that the entire firm of Robert J. Semrad and Associates represents me and that while a different attorney might have counseled me and prepared my case that once my case is filed, one of the attorneys at Robert J. Semrad and Associates will be assigned as my attorney for the remainder of my case.
10. I understand that any assets, real property, cash, expected tax refunds, or personal property that has equity which cannot be exempted is subject to liquidation by the Chapter 7 Trustee.
11. I understand that the following debts will not be discharged in my Chapter 7 (this list shows the most common non-dischargeable debts, but not necessarily all): student loans, <b>parking tickets</b> , certain governmental debts including taxes and code violations, and child support.
12. I understand that if I have any secured debt which I wish to keep such as mortgage(s), automobiles, home equity loan(s), etc, that my creditor(s) must offer me a reaffirmation agreement, which must be signed and filed with the court before my case discharges. I understand that, once effective, any reaffirmation agreement that I sign will then make the debt survive bankruptcy and be non-dischargeable.
13. I understand that for my creditor(s) to offer me a reaffirmation agreement I must be current on my monthly payment. I also understand that even if I am current on my car note(s), a reaffirmation agreement is solely offered at the discretion of the creditor. If I do not have a reaffirmation agreement(s) offered to me by my finance company(s), that I may not be able to keep my vehicle and it can be repossessed.
14. I understand that it is my responsibility to make sure that the creditor gets the reaffirmation to my attorney and my responsibility to make sure the reaffirmation agreement is timely filed before my discharge.

15. I understand that the bankruptcy judge will review my budget when approving or denying the reaffirmation agreement and that it is possible that the judge may determine that the reaffirmation is not in my best interest.
UE
16. I understand that the scope of representation from Robert J. Semrad and Associates does not extend to credit repair.
17. I understand that if I have made any recent credit card transactions, cash advances, or incurred loans during the 3-month period prior to my bankruptcy, that creditor may bring an adversary lawsuit against me in bankruptcy court. An adversary is a lawsuit in which a creditor asks the court to make a certain debt non-dischargeable. I understand that if I want Robert J. Semrad and Associates to represent me in an adversary I must pay additional attorney's fees.
18. I have disclosed all prior bankruptcies that I have filed in the last eight (8) years. I further understand that if I have filed a Chapter 7 bankruptcy in the last eight (8) years, I am not eligible to file a Chapter 7 right now.
19. I understand to be eligible for a Chapter 7, that I cannot have any disposable income after paying all my monthly expenses, and I also must pass the BC22 test, and that if I do have a significant amount of disposable income available or I fail the BC22 test that I may be ineligible for a Chapter 7.
20. I understand that if I do have any disposable income and we attempt to rebut the presumption, the United States Trustee may deem my case an abuse and I may have to convert to a Chapter 13 or let my case be dismissed.
21. I understand and acknowledge that when I surrender a property through my Chapter 7 bankruptcy that the property is still my responsibility until it is sold at a foreclosure sale and I must keep up the property insurance and maintenance of said property until the sale date. I understand that, if I neglect to maintain the property and am assessed city code violations, I will be responsible to pay those fines. Further, I must continue to pay homeowners and association fees after the bankruptcy is filed until the property is sold. If I do not pay these fees the Association can sue me for the balance of unpaid fees from the filing of the bankruptcy until the property is sold.

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### Disclosure Pursuant to 11 U.S.C. §527(a)(2)

You are notified:

- 1. All information that you are required to provide with a petition and thereafter during a case under the Bankruptcy Code is required to be complete, accurate, and truthful.
- 2. All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case. Some places in the Bankruptcy Code require that you list the replacement value of each asset. This must be the replacement value of the property at the date of filing the petition, without deducting for costs of sale or marketing, established after a reasonable inquiry. For property acquired for personal, family, or household use, replacement value means the price a retail merchant would charge for property of that kind, considering the age and condition of the property.
- 3. The following information, which appears on Official Form 22, Statement of Current Monthly Income, is required to be stated after reasonable inquiry: current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of the Bankruptcy Code, disposable income (determined in accordance with section 707(b)(2)).
- 4. Information that you provide during your case may be audited pursuant to provisions of the Bankruptcy Code. Failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.

I have been provided a copy of the above disclosure.	7
Ulysses Esparac	8/7/18
Debtor	Date
Debtor	Date

# IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules, and Statement of Financial Affairs, as well as in some cases, a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of the creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

I have been provided a copy of the above disclosure.	8/1/18
Debtor	Date
Debtor	Date

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc">http://www.justice.gov/ust/eo/hapcpa/ccde/cc</a> approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Esparza, Ulysses	Case No	Case No.		
	Debtor(s)				
		Chapter.	Chapter7		
	VERIFI	CATION OF CREDITOR MAT	RIX		
T knowledg	-	fy that the attached list of creditors is tru	ue and correct to the best of their		
Date:	8/7/2018	/s/ Esparza, Ulys: Esparza, Ulysses			
		Signature of Deb	tor		

US DEPT OF ED/GLELSI 2401 Internal Lane Attn: Chhengre Lim Madison, WI, 53704

CHASE CARD BANK ONE CARD SERV 2500 WESTFIELD DRI ELGIN, IL, 60124

Navient PO Box 8961 Madison, WI, 53708

RISE PO Box 101808 Fort Worth, TX, 76185

BK OF AMER PO BOX 1598 NORFOLK, VA, 23501

DISCOVER FIN SVCS LLC PO Box 3025 New Albany, OH, 43054

MIDLAND FUNDING PO Box 13105 Roanoke, VA, 24031

WEBBANK/FINGERHUT 7075 Flying Cloud Dr Eden Prairie, MN, 55344

CBNA Po Box 6497 Sioux Falls, SD, 57117

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS, NV, 89193

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144 SYNCB/CARE CREDIT C/O P.O. BOX 965036 ORLANDO, FL, 32896

KOHLS/CAPONE PO BOX 3115 MILWAUKEE, WI, 53201

MERCHANTS CREDIT GUIDE 223 W JACKSON BLVD # 700 Chicago, IL, 60606

CERTIFIED SERVICES INC PO Box 177 Waukegan, IL, 60079

Alignmd Emergency of Illinois, PLLC PO Box 4458 Dept. 194 Houston, TX, 77210

Vista Medical Center East Po Box 504316 Saint Louis, MO, 63150

Greenleaf Orthopaedic Assoc. SC 7101 Solutions Ctr Chicago, IL, 60677

Gateway Foundation 1706 N Kedzie Ave Chicago, IL, 60647

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Debtor 1 Ulysses First Name			mber (if known)	
NA COMPANY DESCRIPTION	uestions for Reporting Purposes	Last Name		
16. What kind of debts do you have?	16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily	consumer debts? Consumer of primarily for a personal, family, business debts? Business debts? Business debts?	bts are debts that you incurred to obtain ation of the business or investment.	
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	expenses are paid that further No.		exempt property is excluded and administrations to unsecured creditors?	/e
18. How many creditors do you estimate that you owe?	<ul><li>✓ 1-49</li><li>☐ 50-99</li><li>☐ 100-199</li><li>☐ 200-999</li></ul>	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000	
19. How much do you estimate your assets to be worth?		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 m \$100,000,001-\$500 r	llion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion	
20. How much do you estimate your liabilities to be?  Part 7: Sign Below	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	lion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion	
	of title 11, United States Code. I under Chapter 7.  If no attorney represents me and out this document, I have obtained I request relief in accordance with I understand making a false state.	apter 7, I am aware that I may prounderstand the relief available of understand the relief available of I did not pay or agree to pay so ed and read the notice required the chapter of title 11, United ement, concealing property, or case can result in fines up to \$250, and 3571	groceed, if eligible, under Chapter 7, 11,12, under each chapter, and I choose to proceed to procee	or 13 eed

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Fill in this infor	mation to identify your o	case:	<b>学的,并不是自己的</b>	<u>%</u>	
Debtor 1	Ulysses		Esparza		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Nove	Last Name		
	AND THE CONTRACTOR	Middle Name	Last Name		
United States B	Bankruptcy Court for the:	Northern	District of Illinois		
Case number	U		(State)		
(If known)					
Official	Form 106De	e <u>c</u>			Check if this is an amended filing
Declarat	ion About an	Individual Deb	tor's Schedules		12/15
If two married p	people are filing togeth	er, both are equally respo	nsible for supplying correct info	rmation.	
money or prope	his form whenever you erty by fraud in connect 1341, 1519, and 3571.	file bankruptcy schedules tion with a bankruptcy cas	or amended schedules. Making se can result in fines up to \$250	a false statement, concealing proper,000, or imprisonment for up to 20 yea	ty, or obtaining urs, or both. 18
Part 1: Sign	Below				
Did you pa	ay or agree to pay some	eone who is NOT an attorr	ney to help you fill out bankrupto	cy forms?	
✓ No					
Yes. N	Name of person		Attach Bankruptcy Petition Signature (Official Form 1	n Preparer's Notice, Declaration, and 19).	

Signature of Debtor 2

MM/DD/YYYY

Date

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Ulysses Esparza
Signature of Debtor

Date 8/7/2018

MM/DD/YYYY

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Debtor 1	1 Ulysses		Esparza	Case number (if known)
	First Name	Middle Name	Last Name	
28. Wi	editors, or other par	you filed for bankruptcy, o ties.	lid you give a financial state	nent to anyone about your business? Include all financial institutions
Ľ	No Yes. Fill in the deta	ails below.		
			Date issued	
	Name		MM/DD/YYYY	_
	Number Street		<del></del>	
	City	State Zip Code		
Part 12:	Sign Below			
a ba	nkruptcy case can r	Jlysses Esparza	2000, or imprisonment for up t	perty, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2
	Date 8	77/2018	9	Date
	you attach additiona		nt of Financial Affairs for Indi	viduals Filing for Bankruptcy (Official Form 107)?
	No Yes			
		pay someone who is not a	n attorney to help you fill ou	t bankruptcy forms?
	No			
Ц	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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	Jlysses		Esparza	Case number (if	
F	First Name	Middle Name	Last Name	known)	
2: L	ist Your Unexpir	red Personal Property Leas	es		
rmatic	on below. Do not li	property lease that you listed in st real estate leases. Unexpired nal property lease if the trustee	leases are leases that a	Contracts and Unexpired Leases (Official Form 106G), fill in are still in effect; the lease period has not yet ended. You n J.S.C. § 365(p)(2).	n the nay
Descr	ribe your unexpired	d personal property leases	ж	Will the lease be assumed?	
Lesso	or's name:			□ No □ Yes	
Descri prope	iption of leased erty:				
Lesso	r's name:			□ No □ Yes	
Descri proper	iption of leased rty:			<b>U</b>	
Lesso	r's name:			□ No □ Yes	
Descri proper	iption of leased rty:				
_essoi	r's name:			□ No □ Yes	
Descri <sub>l</sub> proper	ption of leased rty:			_	
Lessor	r's name:			□ No □ Yes	
Descrip proper	ption of leased rty:			<u>—</u>	
_essor	r's name:			□ No □ Yes	
Descrip proper	ption of leased rty:				
Lessor	r's name:			□ No □ Yes	
Descrip proper	ption of leased ty:				
3: Si	ign Below				
Inder p roperty	enalty of perjury, I y that is subject to	declare that I have indicated roan unexpired lease.	ny intention about any p	roperty of my estate that secures a debt and any personal	
	Ulysses Esparza ature of Debtor 1/	Myss 3	<b>★</b>	ature of Debtor 2	
Date	8/7/2018 MM/DD/YYYY		Date	MM/DD/YYYY	

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### UNITED STATES BANKRUPTCY COURT

**Northern District of Illinois** 

In re:	Esparza, Ulysses  Debtor(s)	Case No	
	Destor(s)	Chapter.	Chapter7
	VERIFIC	CATION OF CREDITOR MAT	RIX
Th knowledge	ne above named Debtors hereby verif	y that the attached list of creditors is tru	ue and correct to the best of their
Date:	8/7/2018	/s/ Esparza, Ulyss Esparza, Ulysses Signature of Debt	1

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Debtor 1 Ulysses First Name Middle Name	Esparza Last Name	Case number (if known)	
, i i st realite Mildule Name	Last Name	Column A Debtor 1	Column B Debtor 2 or
8. Unemployment compensation Do not enter the amount if you contend that the amounder the Social Security Act. Instead, list it here:		\$0.00	non-filing spouse
For you	\$0.00		
For your spouse	\$0.00		
<ol> <li>Pension or retirement income. Do not include any benefit under the Social Security Act.</li> </ol>		\$0.00	
10.Income from all other sources not listed above.s amount. Do not include any benefits received under t payments received as a victim of a war crime, a crime international or domestic terrorism. If necessary, list o page and put the total below.	he Social Security Act or against humanity, or		
		<u> </u>	<del>a</del>
Total amounts from separate pages, if any.		+\$0.00	+
11. Calculate your total current monthly income. A	dd lines 2 through 10 for	\$2,435.86	<b>=</b> \$2,435.86
each column. Then add the total for Column A to the tot	al for Column B.	92,433.80	
	a lor coldiiii b.		Total current
			monthly income
Part 2: Determine Whether the Means Test A			
<ol> <li>Calculate your current monthly income for the you</li> <li>Copy your total current monthly income from lin</li> </ol>		Va helizan	
			11 here
Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of			X 12
1201 The 1994 to your armual moonle for this part of	uie ioiiii.	(e	12b. <u>\$29,230.32</u>
13 Calculate the median family income that applies	to you. Follow these steps:		
	Illinois		
Fill in the state in which you live.			
Fill in the number of people in your household.	1		
Fill in the median family income for your state and size household.	e of		13. \$52,410.00
To find a list of applicable median income amounts, g instructions for this form. This list may also be availab	o online using the link specific le at the bankruptcy clerk's off	ed in the separate fice.	
14. How do the lines compare?			
14a.  Line 12b is less than or equal to line 13. On Go to Part 3.	the top of page 1, check box	1, There is no presumption of abu	se.
14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2, The pr	esumption of abuse is determined	by Form 122A-2.
Part 3: Sign Below			
By signing here, I declare under penalty of perjury that	at the information on this state	ement and in any attachments is tru	ue and correct.
_ 1	0		
X /s/ Ulysses Esparza	×		
Signature of Debtor T		Signature of Debtor 2	
, 1		g	
Date 8/7/2018 MM/DD/YYYY		Date 8/7/2018 MM/DD/YYYY	
If you checked line 14a, do NOT fill out or file Form If you checked line 14b, fill out Form 122A-2 and f	122A-2. ile it with this form.		